

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>NVS79AGC</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/28/2010</b>
NAME OF PROVIDER OR SUPPLIER  <b>BECKY'S HOME CARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4055 CLOUD NINE LANE</b> <b>LAS VEGAS, NV 89115</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
Y 000	Initial Comments  The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.  This Statement of Deficiencies was generated as a result of a complaint investigation conducted in your facility from 4/27/10 to 4/28/10. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division.  The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons and/or persons with mental illness, three Category I and three Category II residents. The census at the time of the survey was five. Five resident files were reviewed and three employee files were reviewed.  Complaint #NV00025152 was substantiated. See Tag Y0053. Other deficiencies were identified. See Tag Y103, Y105, Y108 and Y1001.  The following deficiencies were identified:	Y 000		
Y 053 SS=E	449.194(4) Administrator's Responsibilities-Complete Rec  NAC 449.194 The administrator of a residential facility shall: 4. Ensure that the records of the facility are complete and accurate.	Y 053		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Y 053	Continued From page 1  This Regulation is not met as evidenced by: Based on record review and interview on 4/28/10, the administrator failed to ensure 2 of 5 employee records were complete.  Finding include:  The facility failed to provide employee files for Employee #3 and #5 for review.  Severity: 2 Scope: 2	Y 053		
Y 103 SS=E	449.200(1)(d) Personnel File - NAC 441A / Tuberculosis  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (d) The health certificates required pursuant to chapter 441A of NAC for the employee.  This Regulation is not met as evidenced by: Based on record review on 4/28/10, the facility failed to ensure 2 of 5 employees complied with NAC 441A.375 regarding tuberculosis (TB) testing for the protection of all residents (Employee #3 and #5).  Severity: 2 Scope: 2	Y 103		
Y 105 SS=E	449.200(1)(f) Personnel File - Background Check	Y 105		

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Y 105	Continued From page 2  NAC 449.200 1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include: (f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.  This Regulation is not met as evidenced by: Based on record review on 4/28/10, the facility failed to ensure 2 of 5 caregivers met background check requirements (Employee #3 and #5).  Severity: 2 Scope: 2	Y 105			
Y 106 SS=E	449.200(2)(a) Personnel File - 1st aid & CPR  NAC 449.200 2. The personnel file for a caregiver of a residential facility must include, in addition to the information required pursuant to subsection 1, (a) A certificate stating that the caregiver is currently certified to perform first aid and cardiopulmonary resuscitation.  This Regulation is not met as evidenced by: Based on interview and record review on 4/28/10, the facility failed to ensure that 2 of 5 caregivers had received training in first aid and cardiopulmonary resuscitation (Employee #3 and #5).  Severity: 2 Scope: 2	Y 106			

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Y 108	Continued From page 3	Y 108			
Y 108 SS=E	<p>449.200(3) Per File - Storage &amp; Availability</p> <p>NAC 449. 200</p> <p>3. The administrator may keep the personnel files for the facility in a locked cabinet and may, except as otherwise provided in this subsection, restrict access to this cabinet by other employees of the facility. Copies of the documents which are evidence that an employee has been certified to perform first aid and cardiopulmonary resuscitation and that the employee has been tested for tuberculosis must be available for review at all times. The administrator shall make the personnel files available for inspection by the bureau within 72 hours after the bureau requests to review the files.</p> <p>This Regulation is not met as evidenced by: Based on record review and interview on 4/28/10, the facility failed to ensure caregiver tuberculosis records and proof of first aid and cardiopulmonary resuscitation (CPR) training were available for review at all times for 2 of 5 employees (Employee #3 and #5).</p> <p>Findings included:</p> <p>The facility failed to make employee records of TB testing and first aid/CPR training available</p>	Y 108			

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Y 108	Continued From page 4  during the onsite visit and failed to provide entire employee files during the 72 hour timeframe.  Severity: 2 Scope: 2	Y 108			
Y1001 SS=E	449.2758(1) Training Req-Elderly Disabled  NAC 449.2758 1. Within 60 days after being employed by a residential facility for elderly or disabled persons, a caregiver must receive not less than 4 hours of training related to the care of those residents.  2. As used in this section, " residential facility for elderly or disabled persons " means a residential facility that provides care to elderly or disabled persons who require assistance or protective supervision because they suffer from infirmities or disabilities.  This Regulation is not met as evidenced by: Based on record review on 4/28/10, the facility failed to ensure that a minimum of 4 hours of training related to the care of elderly and disabled residents was received by 2 of 5 employees (Employee #3 and #5).  Severity: 2 Scope: 2	Y1001			

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